REPORT OF RECEIPTS AND DISBURSEMENTS

10111110	For A	n Authorized (Committee		APR CI MI	Office Use Only		
NAME OF COMMITTEE (in	TYPE OR F	PRINT ¥	Example: If typing, over the lines.	type F	G 2 PE 4MS	EN-LAT		
Gabriselle LeDoux For Congress								
ADDRESS (number and street) 18,8,59, Crio,S.S. Pioilinite, Loop								
Check if different than previously reported. (ACC) Amchorage Anchorage								
2. FEC IDENTIFIC	CATION NUMBER V	CITY	,▲.		STATE A	ZIP CODE	A	
COO.4	40277	3. IS THIS	11/2/11	OR	AMEND (A)		DISTRICT	
(a) Quarterly Repo	PORT (Choose One) deports: 5 Quarterly Report (Q1)		PRE-Election Report Primary (12P) Convention (12		General (1		off (12R)	
Octobe	5 Quarterly Report (Q2) er 15 Quarterly Report (Q		M J M] /	D D /		in the State of		
January 31 Year-End Report (YE)		(c) 30-Day	(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)					
Termina	ation Report (TER)	Electio	n on	D D /	 	in the State of		
5. Covering Period Oパックリックリックラックリックラックラックラックラックラックラックラックラックラックラックラックラックロール のまって ロック・ロール のまって ロール・ロール・ロール・ロール・ロール・ロール・ロール・ロール・ロール・ロール・								
I certify that I have of Type or Print Name	examined this Report at	nd to the best of a	my knowledge and be	elief it is tru	e, correct and	d complete.		
Signature of Treasurer Date Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
Office Use Only						FEC FORM (Revised 02/200	_	